

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36024

93211

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MO b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN ST. LOUIS  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1516 NO. KINGSHIGHWAY                          |                                   | e. STREET ADDRESS (If rural, give location) 3910 FAIRFAX 2110  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) WALTER b. (Middle) LOUIS c. (Last) STRONG |  |  | 4. DATE OF DEATH (Month) (Day) (Year) 10 11 1954 |  |  |
|---|--|--|--|--|--|

|             |                        |  |                            |                                    |  |                                   |   |                              |
|-------------|------------------------|--|----------------------------|------------------------------------|--|-----------------------------------|---|------------------------------|
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH 4-20-1929 | 9. AGE (In years last birthday) 25 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO | 12. CITIZEN OF WHAT COUNTRY? |
|-------------|------------------------|--|----------------------------|------------------------------------|--|-----------------------------------|---|------------------------------|

|                                 |  |  |  |   |  |
|---------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME Scott STRONG |  | 13b. MOTHER'S MAIDEN NAME REBECCA HEBRON |  | 14. NAME OF HUSBAND OR WIFE NOT MARRIED |  |
|---------------------------------|--|--|--|---|--|

|  |                         |   |  |  |  |
|--|-------------------------|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW #2 | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS VIOLA SMITH 726 CARPENTER PL. |  |  |  |
|--|-------------------------|---|--|--|--|

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|---|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (a) Pulmonary Tuberculosis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|--|--|----------------------------------|

|                        |                                  |  |  |  |
|------------------------|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------|----------------------------------|--|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 002x                 |

22. I, hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

|                                      |                         |                           |
|--------------------------------------|-------------------------|---------------------------|
| 23a. SIGNATURE Gabriel Taylor Carson | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 10.14.54 |
|--------------------------------------|-------------------------|---------------------------|

|   |                    |   |  |
|---|--------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 10-18-54 | 24c. NAME OF CEMETERY OR CREMATORY NATIONAL | 24d. LOCATION (City, town, or county) (State) JEFFERSON BARRICKS MO. |
|---|--------------------|---|--|

|                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| DATE REC'D BY LOCAL REG. OCT 14 1954 | REGISTRAR'S SIGNATURE Carl Smith MO | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennie Love 3103 Washington |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *34*.....

P. O. Address *45750*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.